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PATENT  
Total Pages

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Jason D. Alind r**  
TITLE: **CONDUCTOR ARRANGEMENT FOR MULTIPOLAR MEDICAL ELECTRICAL LEADS**

**CERTIFICATE UNDER 37 CFR §1.10:** I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 603 US, on this 26<sup>th</sup> day of June, 2003.



Sue McCoy  
Printed Name  
Sue McCoy  
Signature

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**
- X **Specification:**  
Total pages: 11 (including claims and abstract: Spec. 7 sheets; Claims 3 sheets; Abstract 1)
- X **Drawings:**  
Total sheets: 8  
☐ formal ☒ informal
- ☒ **Combined Declaration and Power of Attorney:**  
☒ executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X **Accompanying application parts:**  
☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☒ Assignment cover sheet  
☒ Information Disclosure Statement  
☒ PTO Form 1449  
☒ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X ☐ Return Postcard

**IF A CONTINUING APPLICATION:**

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in th pri r application is to: \_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Facsimile: (763) 505-2530



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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	18	20	=	0	x 18	0
Independent Claims	1	3	=	0	x 84	0
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$750.00
TOTAL						750.00

X Charge Deposit Account No. 13-2546 in the amount of **\$790.00** for the filing fee and assignment recordation fee of \$40.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

June 26, 2003

Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083



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